

Resident and Family Handbook

2016

Virginia Center for Behavioral Rehabilitation



Information in this Handbook complies with VCBR facility policies, DBHDS policies, and the Code of Virginia, and is subject to change according to changes in those policies or state law.

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Welcome to VCBR

The Virginia Center for Behavioral Rehabilitation (VCBR) opened in 2003. Operated by the Department of Behavioral Health and Developmental Services (DBHDS), it provides a secure environment for the treatment of adults deemed to be Sexually Violent Predators. Residents of VCBR are mainly former DOC inmates who have undergone a rigorous selection, evaluation and civil commitment process, and who have been determined by a court to present a significant risk for sexually reoffending. VCBR residents undergo intensive treatment aimed at reducing their risk so that they can be returned to the community, where they will be closely supervised. This handbook summarizes important procedures at the facility, and also outlines the treatment program at VCBR, including a description of each treatment phase and the goals and expectations of each phase. Also described are the general approach to treatment at VCBR and how treatment decisions and recommendations are made.

Our Vision:

The **Virginia Center for Behavioral Rehabilitation (VCBR)** will be a model treatment facility for sexually violent predators in the nation.

VCBR Facility Mission

“To provide custody, control, care and treatment until such a time that each resident is returned to the community.”

JASON WILSON Facility Director	STEPHANIE PECHURA Assistant Director of Administration
ANITA SCHLANK Clinical Director	DAVID BROWN Medical Director
NORMA ARCHER Director of Nursing	ROYACE BAUGH Director of Residential Services
MICHELLE HERBERT Director of Program Services	SANTA RHODES Director of Compliance and Quality Management
SADIE HAWTHORNE Director of Educational Services	NATHAN MOORE Chief of Security
MARIO DENNIS Forensic Director	LYNNE INGE Fiscal Director

Facility Telephone Number (434) 767-7020

Our campus includes buildings 1,2 and 3; Units 4A and 4B, a library, cafeteria, barber shop, and medical services.

WHO TO CONTACT ON YOUR TREATMENT TEAM FOR ASSISTANCE

Your Therapist is:

Your Unit Senior Treatment Supervisor is:

Your Treatment Associate (TA) is:

Your Medical Physician is:

Your Psychiatric Physician's Assistant is:

Your Recreation Aide Representative is:

Your unit's Resident Advisory Council (RAC) Representative is:

Staff Roles

Each staff member at VCBR plays a role in resident treatment.

The **Facility Director** oversees the day-to-day functioning of the facility and assures that the treatment environment is both secure and therapeutic. The **Medical Director** oversees and coordinates the Medical Services. The **Assistant Director of Administration** supervises the maintenance, housekeeping and food service departments, as well as shared services between PGH and VCBR. The **Clinical Director** oversees the operation and development of the treatment program, and also supervises the Residential Services Director, Program Services Director, Education Director, Therapy Supervisors, transition team, and treatment psychologists. The **Forensic Director** oversees the annual review process, and supervises the psychologists assigned to complete those evaluations.

Psychiatrists are crucial consultants regarding diagnosis and treatment and, along with nursing staff, provide psychiatric services to residents. They keep the treatment team updated on residents' psychiatric status, and their feedback is incorporated into the recovery plans. They also take the lead when a resident's safety is in question due to his psychiatric decompensation. **Therapy Supervisors** lead the treatment teams and supervise Therapists and Treatment Associates. The **Transitions Supervisor** supervises the Discharge Coordinators, and works with other agencies when residents are being considered for conditional release. **Therapists and Psychologists** lead the core treatment groups and also facilitate time-limited topic-specific group modules. **Treatment Associates** co-facilitate core treatment groups and also facilitate time-limited topic-specific group modules. They also meet with residents to address daily living problems, and should be residents' first point of contact if they have a problem or question. The **Residential Services Director** supervises the Facility Managers, who in turn supervise the Unit Managers. **Unit Managers** supervise the **Safety and Security Treatment Technicians (SSTT's)** who are assigned to the living units, gym, recreational yard, vocational department and internal movement. SSTT's observe the ability of residents to generalize what they are learning in treatment to their everyday life on the living unit, and provide feedback about this to the rest of the treatment team. They assist the residents with problem-solving and with daily activities. They are the first responders when a resident is in crisis.

The **Director of Program Services** is responsible for maintenance of the therapeutic environment within the facility by supervising the Vocational Director and the Recreational Services Director, as well as overseeing the barbershop and religious services. The **Chief of Security** is responsible for maintaining the secure environment and supervises the security staff. The **Complaints Coordinator** receives and processes resident complaints regarding the services provided and works with staff on increasing resident satisfaction levels. The **Safety Manager** provides oversight to assure a safe physical environment at V.C.B.R. and works to reduce resident and staff injuries. The **Education Director** oversees the educational classes and educational testing offered at VCBR, supervises the teachers, and also oversees access to the library. The **Resident Records Manager** assures the resident's service record contains all required information and maintains the security of resident personal health information. The **Healthcare Compliance Director** is responsible for assuring the facility follows facility,

DBHDS, and accrediting body policies and procedures, Departmental Instructions, and requirements. This position also supervises the Resident Records Manager.

ADMISSION

After admission to VCBR, residents will be asked to participate in the assessment process to ensure proper placement in treatment groups. Please see page 19 for further information about the assessment and treatment planning process. .

Rooms:

Residents will be assigned to a room by the housing committee. With the exception of privacy curtains (which are to be used whenever you are undressing or using the toilet), nothing is allowed to block the view into the room. You also cannot block the opening and closing of the room's door. Residents are not allowed to enter into other residents' rooms, and must not enter areas designed as "Red." Residents are expected to keep their rooms clean and free of clutter and odor. All dirty laundry must be stored in designated containers. Room inspections and searches will be conducted randomly and routinely. Please note that VCBR is a double bunk facility; therefore, each resident **may** be assigned a roommate. You and another resident may both submit requests to the housing committee to share a room; however, any such moves will first need to be approved by the treatment teams for both residents.

Property:

Upon admission to VCBR, no opened canteen food, opened hygiene items, altered items (state or personal), disposable razors, surge protectors, or contraband are allowed. Residents will receive a disposition form for disposal. A property staff member will inventory the resident's property and document it on the correct form in Property Department files. Due to space limitations, limits are established on the number of items residents may have in their rooms. **NO FOOD ITEMS or HYGIENE ITEMS FROM HOME ARE ALLOWED.**

Personal belongings may not exceed what can fit into the storage items that are provided by VCBR. Any excessive property will need to be disposed of either by visitor pick-up, being mailed out, donated to Good Will, or destroyed. New property must be added to the property inventory in the resident's file. All items must also be inspected and approved by the Property Department.

Residents may receive a total of **6 packages every 3 months**; this includes dropped off, mailed or vendor packages. A package is defined by the Postal Service as: **Contents are unbendable or over ¾ inches thick.** An example would be a CD, Video game, etc.

The package must not weigh more than **25 pounds** (electronics are exempt) and must be within the 30" x 20" x 13" (L x W x H) dimension limit. Packages may be delivered by mail or dropped off by a visitor **during regular visitation hours only.** Packages being delivered can only be left for the resident being visited. Every package must have a full return address on it, including the sender's full name and full address, to include the zip code. All return addresses should match the postmark on the package. **If this information is not present, the item will not be accepted.** All incoming packages are subject to address verification. If the address

cannot be verified, the package will be **confiscated by VCBR**. All packages being dropped off must be in a box and sealed appropriately.

A single vendor order shipped in multiple boxes will be considered multiple packages. It is the resident's responsibility to inform the vendor of package restrictions.

Any packages over the quarterly limit **will not be processed**.

NOTE: Any state property or items issued to a resident for his use will become the responsibility of the resident. The resident is expected to maintain possession and upkeep of such items.

Mail:

All incoming mail, except legal mail, will be opened and inspected for contraband and **may** be read in the presence of the resident. Legal mail can be opened and inspected for contraband in the presence of the resident, but will not be read.

All incoming packages shall be opened and inspected for contraband prior to entering the secure perimeter of the facility. The following shall occur whenever correspondence mail is opened and inspected in the presence of the resident:

- a) The Mail Room officer or designee is to verify the resident's identity by viewing his identification card.
- b) Refused mail shall be returned to the sender.
- c) Postage due on incoming resident mail shall not be accepted. Such items shall be returned to the Post Office unopened.
- d) Mail is to be opened in an assigned area in view of the resident. It will be searched and **may** be read. If no contraband is found and the content of the letter does not contain suspicious content, the letter, the envelope, and all contents shall be provided to the resident.

If mail is found to contain contraband, suspicious content, or unapproved items, staff will follow "process for processing unapproved mail items."

Any mailings that contain contraband, unapproved items or suspicious content shall be:

- a) Confiscated and a Confiscation Report and Incident Report will be completed.
- b) The Confiscation report and any confiscated items shall be submitted to the Chief of Security, and a copy of the Confiscation Report will be provided to the resident.
- c) Contraband found shall be disposed of in accordance with the procedures established in the rules for Resident Personal Property.
- d) The Chief of Security shall determine if an investigation is opened.
- e) If the Chief of Security determines that confiscated contraband consists of illegal items (drugs, weapons, etc.) or the suspicious content indicates potential illegal actions, the Chief of Security shall investigate and notify State Police, as necessary, in accordance with Facility Instruction 1201.

The Chief of Security shall review contraband and suspicious content within ten working days.



Photo 1. Artwork by a VCBR resident.

Resident Funds

Deposits:

Checks/money orders will be deposited directly into the resident's fund account. During VCBR's daily mail call, when a resident receives a check or money order, the mailroom staff distributing the mail is obligated to show the resident the original check or money order for verification of the amount sent in to him by family members and/or friends. Before the resident exits the window; the mailroom staff is to write the resident a receipt showing the exact amount of the check/money order; this is for the resident's records. Once the deposit has been processed by the VCBR financial services department, the resident will receive another receipt from his Unit Secretary, again showing the amount of the said check or money order deposit.

Phase one residents cannot have debit or credit cards. Therefore, upon arrival at VCBR, if any resident has a debit/credit card(s) in his property, it will be confiscated by a staff member of the property department and turned in to the resident's assigned treatment team. Phase One residents may have pre-paid gift cards. In Phase II, a resident may have a debit card with his treatment

team's approval. In Phase III, a resident may have a debit and a credit card, and a checkbook. If any of these items are used to violate facility rules or state laws, a restriction may follow, as determined by the resident's treatment team. Residents are encouraged not to bring valuables into the facility, if at all possible.

Family Deposits – Please do NOT send cash.

Checks or money orders made payable to the resident (with the resident's full name) may be mailed to the facility.

Withdrawing Funds:

The Resident Fund account may be accessed by the resident for canteen purchases and other items, as the resident's privilege level allows. Refer to the Privilege Level System for information pertaining to spending allowances. Note: If a check is returned for insufficient funds, the resident's account will be frozen until the funds are recovered. This is to also include any/all bank fees that are incurred because of the returned check.

Complaint Procedure

If a resident (or resident's family member) believes any of the resident's rights may have been violated, he is encouraged to address his concerns with his assigned Treatment Team. If that does not lead to a satisfactory outcome, the resident may address his complaint in writing on a Resident complaint Form. The forms are available on the living units and can be submitted by placing them in the Resident Mailbox located just outside of each unit. Once a complaint is received, it will be assigned to the appropriate staff member who will discuss the concerns and attempt to find a resolution for the resident.

The VCBR Resident Complaint Procedure is for complaints regarding services provided by VCBR only. The following issues cannot be addressed on a complaint form, as they are either outside of the facility's control or have another process in place for addressing concerns:

- Federal and state laws and regulations
- Disagreement with approved rules, policies and procedures.
- Court actions or decisions
- Interagency agreements
- Actions of persons who are not under jurisdiction of VCBR

Reporting Problems

Problems or concerns regarding the care, safety, rights or ethics issues of the residents may be reported to:

Jason Wilson

Facility Director – VCBR
4901 E. Patrick Henry Hwy
Burkeville, VA 23922
434-767-7803

Human Rights Advocate
4901 E. Patrick Henry Hwy
Burkeville, VA 23922
1-866-570-4197

The role of the Advocate is to represent, be available for consultation with, and to investigate complaints by each VCBR resident regarding his rights. The Advocate also monitors the provider's compliance with the Human Rights Regulations. The Advocate for VCBR can be reached by phone or in writing by submitting a Request for Consultation with Advocate form. The form can be submitted postage-free through the facility mail system. All incidences of alleged resident abuse and/or neglect must be promptly reported to the Facility Director or Designee. After normal business hours, the allegation must be promptly reported to the Facility Director or Administrator of the Week.

Privilege System:

In order to promote positive behavior, VCBR utilizes a privileging level system that rewards positive behaviors. It also gives extra privileges for those demonstrating positive behaviors who are also in the advanced phases of the treatment program.

Privilege Levels:

Privilege Level A: (Resident will be given a green identification card)

This level is for residents who are following facility rules and are also in the advanced phases of treatment (Phases II and III).

Residents at Privilege Level A (Green Card) are eligible for:

- Up to fifteen (15) work hours per week;
- Unescorted movement within the facility (to resident accessible areas);
- Access to purchase up to \$40 of market Store goods in person per week. Residents must submit a completed VCBR Market Store Order Form prior to coming to the store;
- The ability to order food from local restaurants (on dates and times pre-approved by facility staff);
- One extra gym period per week
- One extra library hour per week
- One extra package per quarter
- Periodic access to the full yard

Privilege Level B: (Resident will be given a Blue identification card)

This level is for residents who are following facility rules, but not in Phase II or III of treatment.

Residents at Privilege Level B are eligible for:

- Up to ten (10) work hours per week;
- Unescorted movement within the facility (to resident accessible areas);
- Access to purchase up to \$30 in Market Store goods in person, per week. Residents must submit a completed VCBR Market Store Order Form prior to coming to the store;
- The ability to order food from local restaurants (on dates and times pre-approved by facility staff).

Privilege Level C: (Resident will be given a yellow card).

This level is for residents who have violated facility rules (minor infractions), but who do not present an immediate risk to the safety and security of the facility. These residents are eligible for:

- Unescorted movement within the facility (to resident accessible areas);
- Up to five (5) work hours per week;
- Access to purchase up to \$30 in Market Store goods in person, per week. Residents must submit a completed VCBR market Store order Form prior to coming to the store;

Residents at Privilege Level C must demonstrate thirty (30) consecutive days of positive behavior, free of any infractions, before they are eligible for Privilege Level A or B.

Privilege Level D: (Resident will be given a red card).

This level is for residents who have violated facility rules (major infractions) by presenting an immediate risk to the safety and/or security of the facility. These residents have the following restrictions:

Leisure Time

Keefe (Commissary)

Residents are allowed two canteen purchases per month by filling out a commissary form which is turned in to the unit secretary. Orders are put in on the 1st and 3rd Monday of each month and will be filled if the adequate funds are available in the resident's account. Commissary is then distributed on Thursday of the following week at the VCBR Market Store.

Market Store

The VCBR Market Store shall provide residents with access to material goods using Market Store points earned through the individualized Behavior Plans (Token Economy), or by purchasing points using funds from their Resident Fund Account. The ability to make purchases from the Market Store shall be privilege-based in order to reinforce pro-social behavior.

Fitness/Recreation

Recreation Therapy Department Purpose: To provide services that will enhance physical fitness, emotional control, social skills and mental stability by learning the relationships between leisure, self-regulation, health, and quality of life. Participation in recreation therapy services will reinforce the importance of maintaining a healthy leisure lifestyle upon release.

VCBR Gym:

The gymnasium is utilized for physical recreation opportunities to include but not limited to: basketball, volleyball, handball, walking/running laps, etc. Weight room/Workout machine Area: treadmills, bikes, elliptical & weights.

Residents are encouraged to use their own judgment when participating in physical recreation and follow any recommendations given to them from the medical department.

Activity Room/Scheduled Activities:

Activity rooms and scheduled activities are provided to allow residents to intermingle and promote socialization between residents from various living units of VCBR. A variety of different scheduled activities are offered on a rotating basis. Such activities have included tournaments, sports leagues, special events/performances, clubs and camps.

Outdoor Recreation:

Basketball courts, walking track, and horseshoes are available.

Dayrooms:

Television, video games, puzzles, table top games, books, a microwave and refrigerator are available in the shared area of the living unit.

Religion:

Each resident is given the opportunity to practice his religion or faith tradition, including reasonable time for the private practice of his own chosen religion in his room, without fear of discrimination. Residents may also participate in scheduled non-denominational religious services offered by VCBR.

- Non-Denominational Services: Every Sunday
- Various religious groups: You may contact the volunteer coordinator for various group meetings and schedules.

Education Department:

Academic Classes: the VCBR Education Department offers Adult Basic Education and Adult Secondary Education classes. In addition, there are advanced, non-credit classes in language arts, social studies, and mathematics.

Art Classes offer a resident an opportunity to explore a variety of mediums, to include such projects as drawing, painting, kits, and working with yarn (crocheting, weaving).

Career Readiness Credential (CRC) Program: This program includes classes to prepare residents to take the CRC assessment, and the opportunity to take the assessment when qualified.

Library: The library offers a collection of books, two daily newspapers (state and national), and newspapers from several locations around the state, a variety of magazines, DVDs and games. There are also computers available for resident use, and a legal database.

Medical Services:

Medical Services

Residents are provided with access to comprehensive, medically necessary treatment by physicians, dentists, and other specialists. After admission, residents will be evaluated by a physician to determine their medical needs. Thereafter, to see the physician residents must have an appointment and are expected to keep all appointments for all medical services. Medications may be distributed on the resident's living unit.

VCBR will provide basic medical care, but some acute care/special needs will be addressed by local specialists or hospitals. In order for medication and other medical treatments to be helpful, residents must cooperate with the medical staff and all prescribed treatment. Residents receiving medical or psychiatric services will be provided with education regarding their treatments and medications, including benefits and possible side effects.

Services offered by the medical department include:

- Medication Administration
- Diabetic Accu-checks
- Admission Assessments
- Annual Assessments/Exams
- Pain Assessments
- Emergency Care
- Routine Scheduled Medical Appointments
- X-Ray
- Lab Dentist Telemedicine
- Nursing Triage
- Psychiatry
- Testing with Outside Facilities
- Consultation with Specialists
- Medical Observation
- Psychiatric/Behavioral Observation
- Chronic Care Clinics for:
 - Asthma/Pulmonary
 - Cardiovascular/Hypertension
 - Diabetes
 - HIV/AIDS
 - Seizure Disorders
 - Tuberculosis

All health care concerns will be evaluated by medical staff. After gathering information, a health care concern may be deemed:

- A Medical Emergency
- An Urgent Concern
- A Non-Urgent concern
 - Medical emergencies take priority and are seen immediately.
 - Urgent concerns are assessed immediately by nursing staff

If a resident's health care concern is determined to be non-urgent, the resident will be advised to submit a request to see the doctor or a nurse practitioner. It is important to remember that it may take several weeks to get an appointment. A resident may request to be seen by completing a Resident Request/Correspondence Form and placing it in the medical appointment request box. Residents are responsible for keeping their scheduled appointments. If a resident is more than 15 minutes late, the appointment may be cancelled and the resident must submit another request to be rescheduled.

Psychiatric Services

Residents are provided access to a psychiatrist who may prescribe medications to help manage symptoms of depression, problems with anxiety, or other psychiatric problems. After an initial visit the psychiatrist will advise the resident whether there are medications that could help him and what the possible side effects are. They will also provide patient education to help residents understand and manage psychiatric symptoms, the importance of medication compliance, and will monitor any side-effects of medications both individually and in treatment groups. Many medications used for mental health problems have side effects; however, most are temporary and mild compared to the problems they are designed to help. After an initial meeting the psychiatrist will meet with the resident periodically to determine how the medication is working.

Residents will have continued access to psychiatric services throughout their stay at VCBR, and will be offered appropriate treatment as needed.

Treatment Philosophy and Goals

Treatment at VCBR is based on the Risk Needs Responsivity principle. All residents admitted to VCBR have been determined to be high-risk, but the risk they present to the community will continue to be assessed throughout their treatment. "Criminogenic" needs are areas which have been demonstrated to be associated with recidivism and include such issues as problems with self-regulation, antisocial attitudes, substance abuse, lack of problem-solving, and the nature of relationships with others. These become the main focus of treatment, as making changes in these areas will help assure success upon release to the community. Responsivity refers to providing treatment in a manner that takes into consideration a resident's learning style and any special needs.

Working within the principle of Risk-Needs-Responsivity, the treatment at VCBR is provided using mainly cognitive-behavioral and experiential techniques, and combines the contributions offered from the Relapse Prevention Model, the Good Lives Model, the Self-Regulation Model, Moral Reconnection Therapy, Reality Therapy, Thinking for a Change, and Dialectical Behavior Therapy. The majority of treatment is conducted in groups, as treatment groups allow for more treatment contact hours, encourage honesty and openness, and discourage the secrecy that

accompanies sexual offending. In addition, groups allow residents with similar issues to support each other and learn from each other, helps to challenge the self-centeredness that is often seen in offenders, and helps residents examine themselves by learning from others with similar problems. Individual counseling is provided on a case-by-case basis. Generally, this occurs for issues that a resident is not yet ready to address in group, has a family crisis, or requires special attention to assist with treatment readiness. Treatment is aimed at providing residents with tools to help them reduce their risk for sexual and violent re-offense in the community and to live more positive, productive, and fulfilling lives.

Self-Regulation, sexually, behaviorally, and emotionally, is the cornerstone of treatment at VCBR. A resident's ability to regulate himself in those three areas will have a big impact on his "risk management." His ability to effectively manage himself in all three areas at VCBR is essential before he will be recommended for conditional release. Other major treatment issues common to residents are:

- Managing anger and aggression;
- Self-change by identifying and changing one's thinking errors;
- Learning about the impact of one's offending behavior on others;
- Learning to identify high risk factors that could lead to sexual or criminal reoffending;
- Developing strategies to manage high risk factors;
- Developing and maintaining healthy relationships with others, including family, friends and members of the community;
- Developing effective problem-solving skills;
- Developing appropriate use of leisure time;
- Understanding one's own sexuality and how it has contributed to offending;
- Learning to identify and manage deviant sexual interest and arousal and sexual behavior
- Enhancing educational and vocational skills;
- Dealing with substance abuse/dependence problems
- Developing goals that will lead to a positive lifestyle

The Recovery Model

The Department of Behavioral Health and Developmental Services (DBHDS) has established recovery as the over-arching goal for all consumers of its services.

Recovery has been defined as "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life, as one grows beyond the catastrophic effects of mental illness."

Recovery includes:

- **Self-Direction:** Residents help determine their own path of recovery by being independent and managing their resources to achieve a self-determined life. The recovery process requires that the resident define his life goals and design a unique path towards those goals.
- **Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his needs, preferences, experiences (including past trauma), and cultural background. Recovery is an ongoing journey and an end result, as well as an overall plan for achieving wellness and optimal mental health.
- **Empowerment:** Residents can make choices and participate in most decisions that will affect their lives, and are educated and supported in so doing.
- **Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, addictions treatment, spirituality, creativity, social networks, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for residents.
- **Non-Linear:** Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the resident to move on to fully engage in the work of recovery.
- **Strengths-Based:** Recovery focuses on valuing and building on the talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave negative life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, and employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
- **Peer Support:** Mutual support—including the sharing of knowledge and skills and social learning—plays an invaluable role in recovery. Residents encourage and engage each other and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
- **Respect:** Successful reintegration into the community is crucial in achieving recovery. Residents recognize that gaining respect involves responsible choices during treatment and in the community.
- **Responsibility:** Residents have a personal responsibility for their self-care and journeys of recovery. Taking steps towards their goals may require great courage. Residents must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

- **Hope:** Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them. Hope is personal but can be fostered by peers, families, friends, providers, and others. Hope is the energy that powers the recovery process.

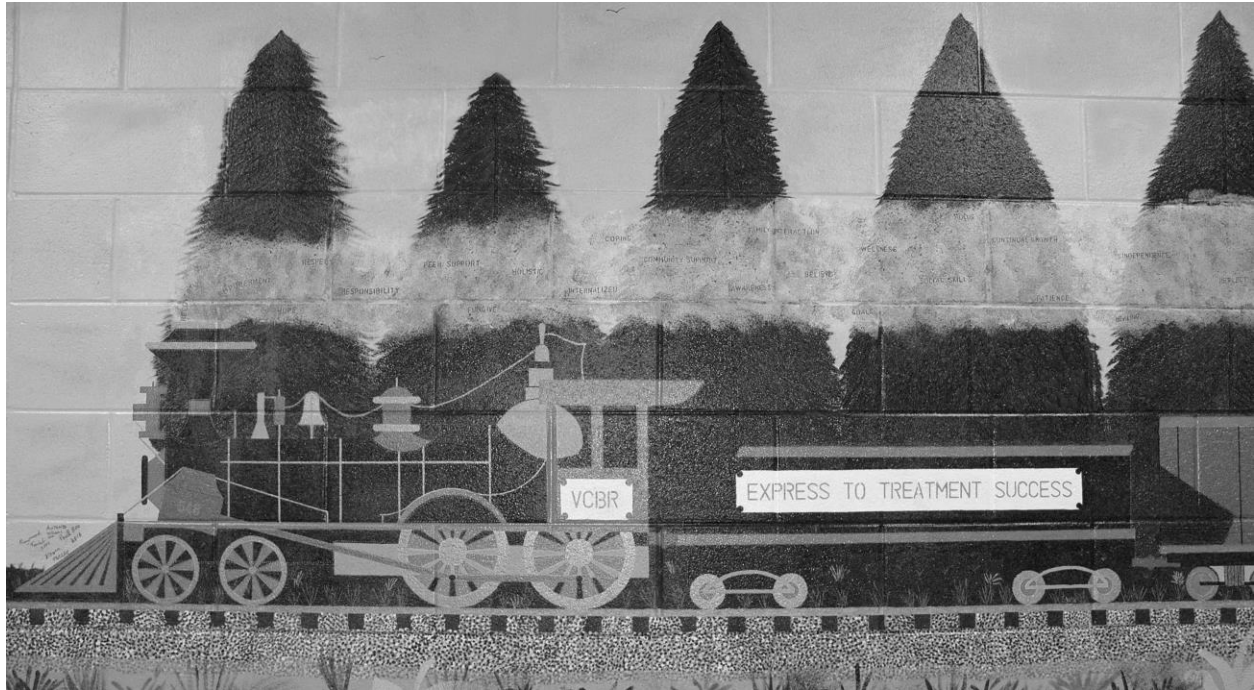


Photo 2. Section of the resident mural "Recovery Train."

Risk Management & Treatment Expectations

“Risk” is the likelihood that one will engage in antisocial, criminal, or offending behavior at VCBR and the community. We assume that risk will always be a part of a resident’s life, but with treatment, the resident’s efforts, and intensive community supervision, he may be managed safely in the community so that he will not reoffend. To accomplish this, we expect residents to work with their assigned treatment team, apply themselves to the treatment process, regulate their behavior, and comply with the rules and expectations of the facility.

In turn, VCBR will provide residents with:

- Intensive treatment aimed at reducing risk and preparing the resident for a safe and successful adjustment to the community
- Access to medical & psychiatric treatment
- Access to education
- Safeguards of residents’ human rights
- Nutritional food
- Opportunities for entertainment and exercise
- Opportunities for educational and vocational development

VCBR cannot force residents to attend treatment, nor will VCBR withhold necessary services if a resident refuses to participate in treatment. However, treatment participation will be documented and provided to the committing court at the resident's annual review. In addition, those choosing to participate in treatment may earn extra privileges.

Expectations for Treatment Groups

The effectiveness of treatment groups hinges on group members complying with the following expectations:

- Near 100% attendance at all assigned treatment programming
- Prompt attendance & remaining for the entire session. Residents should use the bathroom before group and should not engage in any disruptive behavior in group
- Completion of any assigned homework
- Respectful treatment of all group members and leaders: allowing others to speak without interruption, not derailing the topic being discussed, communicating clearly and without sarcasm or personal attacks
- Dressing and behaving in a way that shows self-respect and respect for the treatment process

Multidisciplinary Treatment and Psychosocial Rehabilitation

All direct care staff (Behavioral Services, Medical, Psychiatric, Residential Services, Institutional and Unit Managers, and Public Safety) play a role in the treatment and recovery of residents. Treatment teams consult with other staff and help guide daily interventions. All staff are expected to provide feedback to residents during the normal course of the day to help residents shape their own behavior and make positive changes.

The Psychosocial Rehabilitation approach to treatment means that *all interactions between residents and staff may be helpful to a resident's learning and recovery*. For example, being impatient and demanding in the pill call line is an example of poor self-regulation, and a medical staff person may redirect or intervene. Such interventions are part of treatment and an expectation of all direct care staff.

When a staff member asks a resident to do something or re-directs a resident, he is expected to cooperate, even if that staff member is not a member of the resident's treatment team.



Photo 3. Tropical mural painted by VCBR residents.

DESCRIPTION OF TREATMENT PROGRAMMING

The Intake Assessment Process

After admission to VCBR, residents are asked to complete some psychological tests and tools. They may have completed some of these before as part of treatment or the civil commitment process. However, it is often helpful to complete them a second time as the situation has changed, and this often affects the outcome. The results from these tests and tools will be used to help staff understand the resident's treatment needs and how the treatment team can best work with the resident in treatment. Some of the tests can be administered using an audio CD. All residents are asked to complete a screening of their reading comprehension, and when records suggests the possibility of cognitive deficits or significant learning disabilities, cognitive testing will also be completed. This will ensure that residents are referred to the appropriate "track" of treatment. The assessment results will be incorporated into the resident's treatment plan. After admission, residents will be assigned to the Phase One Orientation Group, where they will become familiar with VCBR's treatment program and complete the assessment process.

Initial Treatment Assignment

Prior to admission to VCBR the Office of the Attorney General provides the facility with information used in the SVP court process. This consists of any evaluations done for the Commonwealth or defense, DOC records, and available treatment records. This, along with information from the initial assessments at VCBR, helps determine which treatment groups may be most appropriate for a resident.

Almost all treatment at VCBR is done in treatment groups. Treatment groups allow more treatment contact hours, encourage honesty and openness and discourage the secrecy that accompanies sexual offending, allow residents with similar issues to support each other and learn from each other, help challenge the self-centeredness that is often seen in offenders, and help residents examine themselves by learning from others with similar problems.

Individual counseling is provided on a case-by-case basis. Generally, brief, targeted individual counseling is used to help residents address issues that they are not ready to address in group treatment and is conducted only at the recommendation of the treatment team. Residents should consult with their primary therapist (the person who runs their core treatment group), if they believe they should have individual counseling. If the treatment team agrees, a therapist will be assigned to the resident, and a targeted treatment plan will be developed for the individual therapy.

Family and marital counseling are also available. Family Educational components are offered in three stages to any family member or friend wishing to learn more about sex offender treatment, VCBR, and how to support the recovery of an individual who has committed sexual offenses (which is covered in stage one). These information sessions will periodically be offered throughout the state for those family members and friends who are unable to travel to VCBR. Residents may also choose to have family members and/or friends learn more specifically about their individual recovery plan and progress in treatment (Stage Two). If this is desired, the resident will need to sign a release of information for this information to be shared. They could then also choose to participate in joint family sessions (Stage Three).

Core treatment groups are open-ended process groups which focus on how residents interact with others, how they are integrating what they are learning in the topic-specific group modules, and how they are progressing toward their phase goals. Therefore, these groups are much less structured than psychoeducational groups. Residents have an opportunity to discuss thoughts, feelings and behavior, address dysfunctional thinking, and restructure their thinking to lower the risk of making poor choices. Through their interactions with other group members and the group facilitators, residents have an opportunity to learn about themselves and what has contributed to their dysfunctional lives and sexual offending and to help others facing the same issues.

Residents are also referred to time-limited groups, called **topic-specific modules**. These groups focus on specific issues that are associated with sexual and non-sexual offending and are part of the overall treatment approach. Examples include groups which focus on communication skills, anger management, an offender's own personal victimization, the development of victim empathy, and understanding the dynamics of one's family of origin. It is possible that a resident

may be recommended to repeat certain topic-specific modules, if he has failed to meet the outcome goals for that module, or if he later demonstrates that he could benefit at a new level from repeated participation in it. Please see Appendix A at the end of this handbook for a list of available topic-specific modules, (although new ones will be added as needed by the residents.)

Each quarter, residents will be recommended for the topic-specific modules their treatment team believes are appropriate for them, (and are the ones that will likely help the residents more quickly reach phase goals). Residents do have input into their schedule, however, and may decline to attend certain groups, or request additional or different groups. However, if a resident refuses to attend a group that is believed to be necessary by his treatment team, that group may remain on his recovery plan and his decision not to attend will be documented in his chart. In addition, it is possible that a specific group requested by a resident may not be available to him until a future quarter.

Core groups meet four times a week, while topic-specific group modules meet once per week. Residents are expected to attend and participate in every group session. Participation involves more than just attending group and listening--it means being actively involved in discussions, talking about one's offenses and issues, and providing support and feedback to other residents. Groups are scheduled to meet for a quarter (90 day), and then there is a two-week break between quarters. During that break each resident's progress is assessed, including the evidence that he has met or not met specific phase goals. Each resident will attend an end-of-quarter review meeting, in which this feedback will be given to him both verbally and in writing. In addition, the tentative plan for the next quarter will be shared for them at that time, (after having already obtained their input).

PHASES OF TREATMENT

Residents are expected to progress through each of the three phases of treatment. There are specific tasks that must be accomplished for each phase, as well as specific positive behaviors that must be consistently demonstrated for a set period of time before the resident moves to the next phase.

Phase One

Phase One begins with orientation, during which residents learn about the treatment program and complete the initial assessments. The resident may also begin some groups which provide the foundation of treatment, such as the autobiography group and the journaling group. After completing assessments and orientation, they transfer to a core group. Phase One goals focus on cooperation with the treatment team and accountability. The resident demonstrates his willingness to take charge of his/her own recovery and work with his/her treatment team to begin making changes.

Goals:

Tasks:

- Completes all assessments as recommended by Psychology and the treatment team
- Consistently shows appropriate group behavior, free from any therapy-interfering behaviors.
- Attends at least 95% of assigned groups, including completing homework assignments
- Demonstrates an understanding of the journaling process and ability to use journaling in an effective manner
- Completes presentation of autobiography
- Complies with medical and psychiatric treatment recommended by the team
- Acknowledges a sexual offense history that is generally consistent with official records. (Not every detail needs to be consistent but the resident must acknowledge categories of offenses and problem areas which are consistent with the official record).

Behaviors:

- Demonstrates that anger is sufficiently under control as to not interfere with the treatment process, as evidenced by no documented incidents of physical aggression.
- Demonstrates self-control over sexual urges as evidenced by no documented incidents of sexual acting-out behaviors.
- Demonstrates willingness to abide by laws as evidenced by no documented incidents of illegal behavior which could lead to arrest.
- Refrains from therapy-interfering behaviors which could prevent others from being able to benefit from treatment.
- Demonstrates willingness to abide by facility rules related to safety, as evidenced by no documented incidents of dangerous contraband.

Criteria for Progression to Next Phase: In order to progress to Phase II, the resident must satisfactorily complete the tasks above and must consistently meet the behavioral expectations for two consecutive quarters.

Phase Two:

In Phase Two, residents learn to identify behavior patterns, thinking errors, distorted attitudes and sexual arousal patterns that contribute to their criminal and sexual offending behavior, demonstrate that they have developed tools to manage their risk within the facility, and reassess their goals to live life in a healthy and productive manner.

Goals:

Tasks:

- Identifies personal offense pathway and individual motivation for making change
- Identifies internal and external high risk factors.
- Demonstrates honesty regarding extent of sexual offending and victim types. (One way to meet this goal is to complete a full disclosure polygraph examination without deception, if recommended by the treatment team.)

- Demonstrates honesty with the treatment team regarding significant treatment-related behaviors. (One way to meet this goal is to complete maintenance/compliance polygraphs as recommended by treatment team.)

Behaviors::

- Consistently demonstrates behaviors listed in Phase I
- Consistently demonstrates compliance with and active engagement in all aspects of treatment by attending at least 98% of assigned groups, completing homework assignments, and participating at a level consistent with ability
- Consistently demonstrates healthy use of leisure time
- Consistently demonstrates ability to use effective coping responses for high risk factors.
- Consistently demonstrates openness to feedback
- Consistently demonstrates commitment to having healthy relationships
- Consistently manages personal resources and funds in a healthy, self-sufficient way
- Consistently identifies and replaces thinking errors
- Consistently expresses anger in an appropriate manner
- Consistently demonstrates commitment not to reinforce disordered sexual arousal pattern
- Consistently demonstrates empathy for others
- Consistently demonstrates ability to delay gratification

Criteria for progression to the next phase: Residents will be eligible to progress to the next phase after they have completed the identified tasks and also consistently demonstrated all behavioral goals for three consecutive quarters.

Phase III

The focus of this phase is preparing for community integration. When a resident reaches this stage of treatment, it is expected that (s)he will have identified goals for living a healthy, productive life, identified his/her unique internal and external risk factors, will have developed a comprehensive, detailed risk management plan, and will have addressed other need areas identified by the treatment team.

- Consistently demonstrates behaviors listed in Phase II
- Cooperates with all recommended assessments, (including penile plethysmography if recommended by the treatment team)
- Identifies a staff-approved support system, including meeting with support system members to prepare for discharge (if possible)
- Identifies employment (if not disabled or retired) that can be obtained in the community
- Researches cost of living and completes a realistic budget
- Constructs a Good Lives/Self-Regulation Plan, including goals and plans to attain those goals
- Cooperates with DBHDS and other agencies to develop a specific conditional release plan

Transition Stage

VCBR is in the process of investigating ways to implement a transition stage following Phase III of the program. This stage will be for those residents who are nearing completion of the program but who lack an approved home plan, and will allow for residents to have supervised and then unsupervised passes into the community to locate housing, open bank accounts, apply for jobs and locate aftercare and/or support groups. Currently, only those residents who have been granted conditional release by the judge are eligible for escorted passes into the community to finalize discharge plans.

Phase Probation:

If a resident in phase II or III demonstrates that he is no longer still meeting the behavioral goals from an earlier phase, he will be placed on phase probation. He will be notified in writing about this probationary status and will be given specific feedback about what he needs to do to earn his way off the probationary status. If he fails to meet those expectations, he will be demoted in phase. A resident may also be placed on a Group Probation, which warns him that his behavior is so disruptive to the group that it is interfering with the ability of other group members to benefit from treatment. If he fails to meet the terms of the Group Probation, he can be removed from group and placed in Overcoming Obstacles to Treatment (OOT).

Understanding Treatment Track

Residents who have learning difficulties, or who are debilitated by serious psychiatric symptoms may be assigned to the Understanding Treatment Track. The focus of these groups is the same as in the regular groups; however, treatment is presented at a pace more suitable for those residents. Residents who do not have serious cognitive limitations, but who are experiencing learning disabilities in reading and writing, may be assigned to participate in the standard track core group, but may be referred for the Understanding Treatment (UT) versions of the topic-specific modules. In those groups, less reading and writing is expected and accommodations are made whenever assignments do require those abilities.

Overcoming Obstacles to Treatment (OOT)

If a resident refuses to attend treatment groups, or if his group attendance drops below 50% for a quarter, he will be referred to OOT. While in OOT, he will not be scheduled for core group or topic-specific modules, but will instead receive weekly one-on-one contacts with a treatment provider to try to address whatever the barrier to adequate attendance might be. Individualized treatment assignments will be provided to the resident. He is expected to complete all assignments and agree to meet at least 80% of the time for scheduled OOT contacts (for one full quarter) to be allowed back in a regular core group. (If his attendance had dropped below 50% while in group, and he continues to fail to meet consistently with his individual provider, there is no reason to believe he will attend group consistently. Extremely sporadic attendance is disruptive to the group process and it is also important not to take an important “slot” in a core group if the resident has no intention on attending regularly.)

Recovery Plans & Treatment Planning

Every resident has a Recovery Plan which describes the resident's current treatment and recovery needs and the plan for meeting those needs for the next quarter. Residents may also provide written input at any time for inclusion in their Recovery Plan.

Quarterly Progress Reviews:

During the end-of-quarter review meetings, residents are provided with specific feedback about their progress toward phase goals. This is also given to them in writing. Residents are expected to provide input to the team about their progress during that meeting with the team, and they may also submit their contributions in writing before meeting with the team.

Review of Treatment Plan (RTPs)

A Review of Treatment Plan (RTP) is a meeting between the resident and members of the treatment team.

RTPs are held to discuss behavior problems, to consider privilege restrictions or to restore privileges. Residents may request an RTP by submitting a Resident Request Form and providing a specific explanation of the need for the RTP. The resident's primary therapist will then determine if an RTP is indicated.

Polygraph Assessment

Residents will have the opportunity to participate in a **full disclosure/sexual history** polygraph. Passing a polygraph examination by showing no evidence of deception is considered a positive step in the treatment process and a sign that the resident is being fully accountable for his past behavior. The purpose of the full disclosure examination is to promote a full, honest account of one's sexual behavior, including sexual offenses. VCBR and the polygraph examiner are not interested in obtaining information that could lead to new criminal charges. Steps are taken to assure the resident does not provide specific information that could result in a report to the police or Department of Social Services.

Compliance/maintenance polygraphs are also scheduled as recommended by residents' treatment teams. These examinations help determine whether residents are being compliant with facility rules and treatment expectations.

Information from all polygraph examinations are included in the resident's treatment file and used during the course of treatment. They will also be provided along with the resident's annual review report.

Please note that residents are not *required* to comply with polygraph examinations. However, those residents who are granted conditional release *will* be required by Probation and Parole to submit to regular polygraph examinations and outpatient treatment providers will also require polygraph examinations. Therefore, it is to the resident's advantage to comply with VCBR polygraph examinations to demonstrate his dedication to a full, candid account of his behavior, just as he will be expected to do in the community. In addition, if there is a reasonable suspicion that a resident has engaged in problematic behavior and the resident refuses to participate in a polygraph examination related to that issue, the treatment team may assume the suspected behavior did occur. Also, the forensic evaluators may require completion of a polygraph in order to obtain their recommendation for release.

Penile-Plethysmograph (PPG) Assessment

If it is recommended by the treatment team, residents will have the opportunity to participate in a Penile-Plethysmograph (PPG) assessment. A PPG assessment will provide the resident and his treatment team with an objective measure of his arousal patterns. It can identify if the resident has deviant arousal (greater arousal to children than adults or greater arousal to forced sex than to consensual sex). If deviant arousal is identified, a resident can learn behavioral techniques to help him manage his deviant arousal. Subsequent PPG assessments can be used to assess treatment progress with this issue. The purpose of a PPG evaluation is to identify potential areas of need for treatment and possible problem areas related to deviant sexual arousal. This test is not a "sexual lie detector", it cannot be used to determine your guilt or innocence of offense you may have been accused of or have committed. Other objective measures of sexual interest are also available.

Annual Review Evaluations & Hearings

In compliance with Virginia law, a report from the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) is prepared each year for the first five years of a resident's civil commitment and every other year thereafter if the resident is still committed to VCBR. The report will be prepared by a VCBR psychologist, whose opinion will be based on the totality of treatment and behavioral information from the previous year. This includes treatment contact notes, Master Recovery Plans, Quarterly Progress Reports, event reports, requests, polygraph examinations, psychological testing and compliance with medical/psychiatric treatment.

The annual review report will be provided to the Office of the Attorney General, the resident's attorney, and the court that committed the resident to VCBR. If the resident chooses to have an annual review hearing, which is his right, there will be testimony about his treatment progress and his readiness for conditional release. A resident may choose to waive (give up his right) to

the hearing; he should discuss this with his attorney. VCBR staff cannot offer residents legal advice about annual review hearings or any other legal matter. VCBR staff can assist with requesting that the resident be allowed to participate via teleconferencing in jurisdictions where that is available and allowed.

Residents also have the right to request a second opinion evaluation. They should discuss this with their attorney. It is recommended that such requests be made directly to the resident's attorney by mail.

It should be noted that while the annual review report can recommend conditional release or continued treatment at VCBR, the committing court is not required to follow the recommendation, and only the committing court can grant conditional release.

Conditional Release

Preparation for conditional release to the community is the goal of treatment at VCBR. Residents will be recommended for conditional release when, in the opinion of the appointed examiner, they can be safely maintained in the community and can be reasonably expected to comply with the rules of community supervision. Generally, this means successful completion of all three phases of treatment and a proven history of compliance with treatment and behavior expectations at VCBR.

The Office of SVP Services, part of the Department of Behavioral Health and Developmental Services, works with VCBR to develop a conditional release plan. The Admissions/Discharge coordinator and treatment staff at VCBR contribute to conditional release plans and provide treatment information to the Office of SVP Services.

Residents are encouraged to seek family and community resources that could be helpful for conditional release planning throughout their treatment at VCBR and provide this information to the Admissions/Discharge Coordinator.



Photo 4. Artwork by a VCBR resident.

APPENDIX A: GROUP THERAPY

CORE GROUPS:

Core treatment groups are open-ended process groups which focus on how residents interact with others, how they are integrating what they are learning in the topic-specific group modules, and how they are progressing toward their phase goals. Therefore, these groups are much less structured than the topic-specific modules. Residents have an opportunity to discuss thoughts, feelings and behavior, address dysfunctional thinking, and restructure their thinking to lower the risk of making poor choices. Through their interactions with other group members and the group facilitators, residents have an opportunity to learn about themselves and what has contributed to their dysfunctional lives and sexual offending and to help others facing the same issues.

TIME-LIMITED, TOPIC-SPECIFIC GROUP MODULES:

The following is a description of some modules offered, although new groups will be offered to meet individual resident needs:

Anger Management:

This group will focus on learning to recognize early signs of anger and intervening with calming techniques. Assertive communication and identification of cognitive distortions which fuel angry feelings are emphasized.

Anger Management II:

This group continues to focus on techniques for anger management, with a specific look at long-term resentments.

Anxiety and Depression:

This group will focus on education about these disorders and exploring options for treatment of the debilitating symptoms.

Arousal Management Maintenance:

This group is designed for residents who have already completed Covert Sensitization I and Covert Sensitization II. It helps them continue to use the skills they have learned in those groups.

Autobiography:

This group allows residents to share their written autobiographies. The group focuses on learning appropriate methods for self-disclosure and providing feedback, and identifying life patterns that might be useful for later stages of treatment.

Chemical Abuse Education:

This group provides education about various substances and the negative effects of use. It also begins to explore the attitudes about substance use as an ongoing part of assessment.

Chemical Abuse-I:

This group focuses on assessing one's pattern of substance use and examining how the Chemical use may have intensified or supported one's sex offending behavior.

Chemical Abuse-II:

This group uses the Relapse Prevention Model to identify risk factors for relapsing for chemical abuse.

Chemical Abuse-III:

This group continues with the application of the Relapse Prevention Model, identifying cues and coping responses for the risk factors.

Chemical Abuse-IV:

This group focuses on identifying community resources and the development of an aftercare plan.

Communication Skills I:

This group focuses on learning appropriate methods for self-disclosure, giving feedback, and accurately identifying nonverbal communication.

Communication Skills II:

This group focuses on developing skills in communicating assertively. In addition, conflict negotiation skills are addressed.

Covert Sensitization:

This group teaches residents techniques to manage sexually deviant arousal by decreasing arousal to inappropriate stimuli. These techniques involve pairing deviant fantasies with images of negative consequences to self. Residents being referred to this group should be engaged in the treatment process and able to discuss sexual fantasies appropriately as well as their own deviant arousal.

Dialectical Behavior Therapy (DBT):

DBT is a type of cognitive behavioral therapy that focuses on reducing problematic or highly emotional behaviors, by teaching various ways of responding to the environment in a more effective way. DBT Skills Group is one small aspect of DBT, but it provides the core skills needed to reduce ineffective, unhelpful, or hurtful personal behaviors/risk factors by replacing them with practice of more effective, helpful, and useful skills. Those skills are then used to resolve a broad variety of situations so that a person can increase their interpersonal success rates, levels of happiness, and improve their quality of life.

Domestic Violence:

This group educates residents about the cycle of domestic violence and asks residents to explore the effects of domestic violence on victims. This group seeks to increase residents' self-awareness of their patterns of behavior, basic empathy and the **common patterns of violence**.

Effective Decision Making:

This group guides participants to examine their past decision making process and learn how to make more effective decisions in the future.

Effective Parenting:

This group discussing how to be an effective parent, and addresses the difficulties of parenting when not directly in the home.

Family of Origin-I:

This group identifies and processes family issues that may have influenced the residents' development. Residents work on genograms to identify patterns within their family history. Residents' also begin to explore their current support systems ability to assist them upon release.

Family of Origin-II:

Residents in this group are focused on ongoing family issues that continue to cause them to struggle or those that may potentially contribute to risk in the community. Individuals in this group have identified problematic family issues, have benefitted from previously completing a genogram, and are able to delve into these issues in greater detail. Experiential exercises are also emphasized.

Gender Roles:

This group explores people's stereotypes about gender and helps residents examine the early messages they received about gender and how it affects their attitudes today.

Good Lives:

This group focuses on understanding the necessary internal and external conditions for offenders to live good lives. Residents focus on identifying what components will make a better life while at VCBR and in the community, and the changes necessary to achieve these goals.

Grief and Loss:

This group focuses on understanding the various types of losses and processing the thoughts and emotions associated with grief.

Healthy Relationships:

This group focuses on identifying the components of healthy relationships. Focus is placed on myths, past relationships, identifying internal processes, as well as identifying necessary external components to achieve a more healthy relationship. Various types of relationships are discussed beyond intimate relationships.

Healthy Self-Esteem:

This group focuses on learning about healthy self-esteem. Methods for earning one's self-esteem will be explored.

Healthy Sexuality

This group focuses on providing accurate information regarding human sexuality and sexual dysfunctions. It also looks at how to determine if sexual behavior and attitudes are appropriate.

Identifying Values:

This group focuses on identifying one's values and examining whether values support or hinder the recovery process.

If Life is a Game, These are the Rules:

This group focuses on the book by the same name. It looks at lessons to be learned from life.

Intro to Arousal Management:

This group allows residents to learn to manage sexually deviant arousal. Residents being referred to this group should be engaged in the treatment process and able to discuss sexual fantasies as well as their own deviant arousal.

Journaling:

This group teaches residents to see events objectively, distinguish thoughts from feelings, examine their reactions to daily events, and learn the therapeutic process of journaling daily events.

Medication Compliance & Education:

This group is aimed at providing residents with mental health difficulties useful information to help manage their symptoms and to aid them in understanding how medications can be helpful to their recovery.

Offense Pathways:

This group assists residents to identify whether they follow approach or avoidant pathways to offending. This is a two-part group.

Personal Victimization-I:

This group provides treatment for those that have been abused. Participants learn about different types of abuse and benefit from self-disclosure about these experiences. They challenge cognitive distortions which may be present about their history of abuse.

Personal Victimization-II:

This group continues the work of Personal Victimization-I, and allows opportunities for residents to do abreactive work (safe re-experiencing of past traumatic events) regarding their abuse histories and to better understand their methods of coping with this abuse.

Pre-Offense Emotions:

This group examines those powerful emotions which may have been present during each developmental stage in order to provide further insight into the factors influencing the residents' choice to sexually offend.

Recapturing Lost Potential:

This group focuses on identifying your strengths and passions and determining how they can be used in the future to fulfill your potential.

Relapse Prevention –I:

This group introduces the cognitive-behavioral model of relapse prevention, and how it can apply to sexual offending.

Relapse Prevention-II:

This group looks at the thoughts, feelings and behaviors during the time period prior to any sexual offending. These observations later provide information crucial for identifying internal and external high risk factors.

Relapse Prevention-III:

In this group, residents identify their top six external high risk factors and top six internal high risk factors. They also identify reliable cues for their internal high risk factors.

Relapse Prevention-IV:

In this group residents identify effective coping responses for their high risk factors.

Relapse Prevention V:

This group focuses on understanding lapses, lapse contracts, and media contracts.

Relapse Prevention VI:

This group focuses on the importance of support systems in a Relapse Prevention plan.

Relapse Prevention VII:

This group focuses on practicing coping responses for high risk factors through the use of role play exercises.

Schemas-I:

This group introduces the topic of schemas, which are learned frameworks for how we process new information. Maladaptive schemas are also identified.

Schemas-II:

This group continues the work with schemas, refining the understanding from a general one to a more personal one.

Sex Education-I

This group focuses on providing accurate information regarding anatomy, contraceptive methods and sexually transmitted diseases.

Stress Management:

This group focuses on identifying and managing stress. Problem-solving and pro-social skills are emphasized. Components of empathy are also discussed. Residents are encouraged to bring daily stressors to the group to process.

Thinking Errors:

This group focuses on identifying, examining and restructuring core attitudes and beliefs that supported offending or other criminal behavior. It also seeks to reinforce those that support a pro-social lifestyle.

Transitions:

This group focuses on preparing the pre-discharge plan, including identifying a realistic plan for housing, employment and budgeting.

Transitions Support Group:

Provides a support group for those already approved for conditional release, who are finalizing their release plans.

Transitions: Finance Group:

This group will focus on applying and managing credit cards, bank accounts, balancing checkbooks and realistic budgets. The group assignments will include outings to area shopping stores: groceries, clothing and furniture; and outings to banks for hands-on tutoring.

Transitions: Today's Technology

This group will interface and teach the proper use of advanced technology as residents prepare for community integration. Examples: How to use an ATM, maneuver with a computer to apply for jobs, etc.

Transitions: Work and Community Readiness Group

This group will focus on career readiness for the use of applying for jobs, by learning resume and cover letter writing techniques, interviewing types and skills, time management, how to address concerns with employer, resignation letter, and other related topics.

Understanding Attachment:

This group examines how the resident's early relationship with his primary caregiver might affect his future relationships with others.

Understanding Denial:

This group examines the different types of denial and the role denial plays, as well as the benefits of breaking through denial.

Understanding Compulsive Sexual Behavior:

This group discusses the symptoms and treatments available for obsessive sexual thoughts and compulsive sexual behaviors.

Victim Empathy-I:

This group focuses on identifying the concepts of empathy and applying these to the victims of sexual offenses. This group continues for at least two quarters, as the first half provides education about the effects of abuse on victims, using videos and written articles. In the second half, the resident demonstrates an understanding of these concepts through completion of a project, including role-play exercises.

Victim Empathy-II:

For residents who have victimized more than one type of individual (for example, children and adults, or men and women), this group allows the resident to complete the project focusing on a second person victimized.

What To Do When Your Life Falls Apart:

This group reviews past crises in your life to evaluate your coping responses and to identify the lessons to be learned from those events.

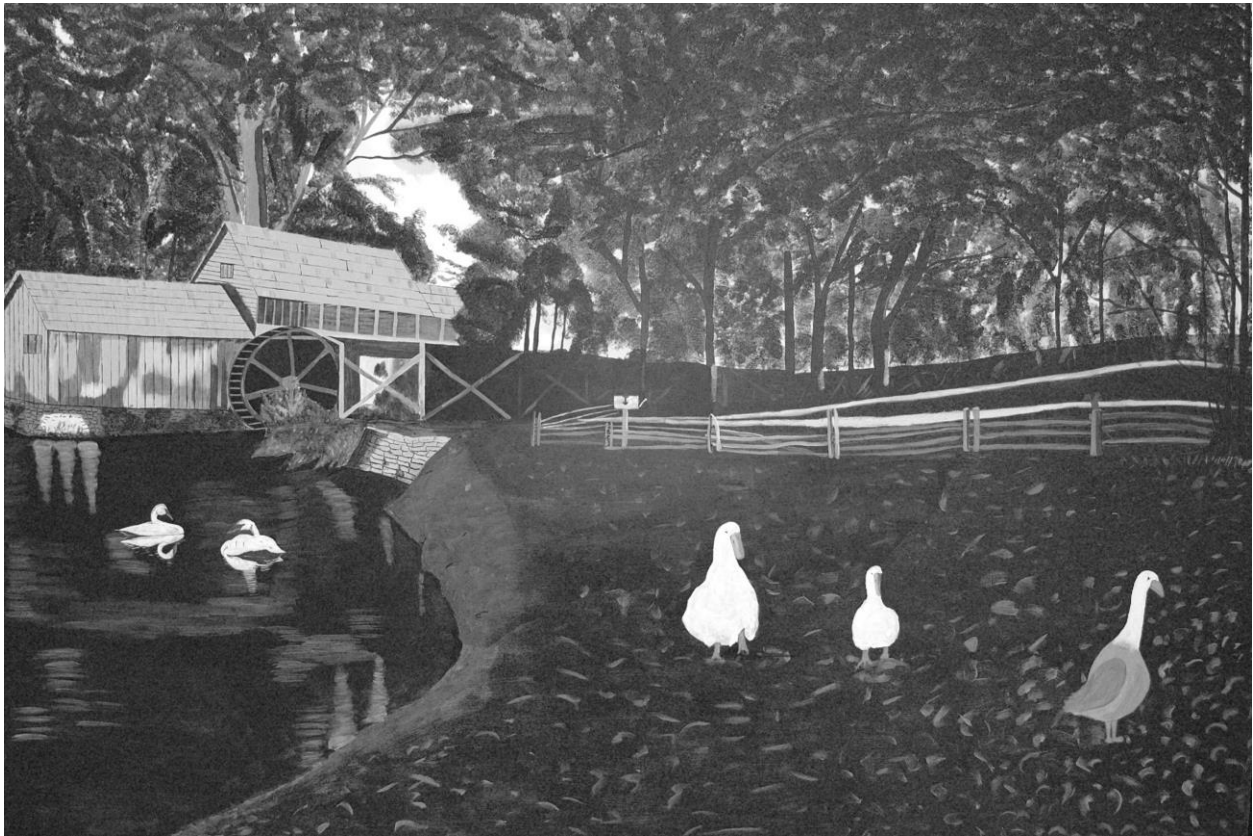


Photo 5. Artwork by a VCBR resident.

Appendix B: Educational Classes

Academic Mini Courses:

Non-credit courses of study will be offered for students who wish to expand their knowledge in such areas as History, Geography, Literature, Algebra, Geometry, etc. These courses will be offered on a quarterly basis. Students are eligible to enroll prior to and up to the second week of a new quarter. Course offerings will be posted each quarter.

Adult Basic Education (ABE) class:

This class will allow students to work to improve basic academic skills. The TABE Test is administered to assess progress. Students are encouraged to plan their own course of study, based on assessment results

Adult Secondary Education (ASE) class:

Students in this class will continue to increase academic skills. Coursework is focused on preparation for the Official GED Practice tests (Pre-GED) and GED tests. Students who have identified themselves as Pre-GED ready, per TABE Test scores, will be eligible to take the Pre-GED and GED, as results indicate. Students are encouraged to plan their own course of study, based on assessment results.

Educational Skill Building class:

Students who hold a high school diploma or a GED Certificate are eligible to participate in the ESB class to refresh and/or build academic skills. The TABE Test is administered to assess progress. Students are encouraged to plan their own course of study, based on assessment results.

Art Education:

VCBR is currently offering art classes. Art-tastic is designed to teach students the basic elements and principles of art, as well as lead them to more advanced techniques and methods of art expression. They are encouraged to explore different materials and techniques. Art & Crafts allows students the opportunity to use art as a leisure skill. A variety of projects and assignments will be incorporated during each quarter. The classes are open to all residents on a sign up basis.